Other presentations Developing a Service Connection Device for the elderly

H-J. CHIEN. Developing a Service Connection Device (SCD) for the elderly in Taiwan. Gerontechnology 2014; 13(2):189; doi:10.4017/gt.2014.13.02.073.00 Purpose The increase in life expectancy and ongoing growth of the aging population have led to new models of aging that empower older people to fulfill their desire for a high quality of later life. According to a survey conducted by the Council for Economic Planning and Development of Taiwan, the population of adults aged 65 years or above will increase from 11.2% in 2012 to 20% in 2025. Unfortunately, the total number of older people living alone has risen. Cannuscio et al. indicated that approximately one in three non-institutionalized older people now lives alone¹. Wild et al.² further warned that for older people living alone, methods must be in place to detect cognitive and physical decline that put these people at risk. State-of-the-art technologies, such as Information and Communication Technology (ICT) or Assistive Technology (AT), have been proposed as possible resources that may improve the quality of life of older people. ICT or AT can also play a vital role in supporting the ways in which millions of older people can maintain or regain their independence. Method The Service Connection Device (SCD, Figure 1) intends to provide all the features needed by the elderly to maintain their independence and improve their mental health. This device also has the potential to provide health information, opportunities for life-long learning, options for entertainment, resources for managing health care, and connection to support networks outside a person's place of residence. These features include video telephone (Figure 2), digital album, e-bulletin board, internet radio, health TV, Tele-care and Tele-health, etc. Results & Discussion The Shuang-Lien Care Center provided 176 SCDs to its elderly residents in June 2012. There has been much positive feedback from users. One 90-year-old user commented that "It is a wonderful tool that I have been used. Simple to implement in stages, meet our needs. We do not have to adapt to use them. understand what we do and listen to us before proposing a system is suitable".

References

- Cannuscio C, Block J, Kawachi I. Annals of Internal Medicine 2003;139(5pt2):395-399; doi:10.7326/0003-4819-139-5 Part 2-200309021-00003
- Wild K, Boise L, Lundell J, Foucek A. Journal of Applied Gerontology 2008;27(2):181-200; doi:10.1177/0733464807311435

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Figure 1. A prototype of SCD



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